


CERTIFICATE OF MAILING

8/12/03


Debra L. Cooper

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Art Unit : 3637
Examiner : John P. Fitzgerald
Applicant : Robert E. Johnson
Appln. No. : 09/996,506
Filing Date : November 28, 2001
Confirmation No. : 3065
For : HUNTING BLIND WITH FLIP-UP HOOD

RECEIVED
AUG 19 2003
GROUP 3600

Dear Sir:

Any fee for additional claims has been calculated as shown below:

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 20	Minus	** 28	= 0	x \$9	\$	x \$ 18	\$
Independent Claims	* 4	Minus	*** 4	= 0	x \$42	\$	x \$ 84	\$
First Presentation of Multiple Dependent Claims \$140						\$	x \$280	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0.00


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Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. _____ A check in the amount of \$ _____ is attached.
4. x Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

Aug 12, '03
Date



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DLG/dlc